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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/812,672
Applicant : COLE, *ET AL*
Filed : MARCH 30, 2004
Title : THERAPEUTIC METHODS, DEVICES, AND COMPOSITIONS USING
COMBINATIONS OF NATURALLY OCCURRING ELEMENTS
Art Unit : 1614
Examiner : TO BE ASSIGNED

Atty Docket No. : VIBP-0001-UTY (FORMERLY VPI-001)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The below-identified communication(s) is (are) submitted in the above-captioned application or proceeding:

- ☒ Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication, including fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 or credit any overpayment to **Deposit Account Number 10-0233-VIBP-0001-UTY**.

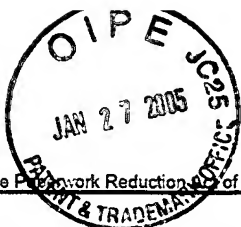
Respectfully submitted,

Eric W. Gutttag

Eric W. Gutttag
Registration Number 28,853

JAGTIANI + GUTTAG
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January 27, 2005



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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/812,672
Filing Date	March 30, 2004
First Named Inventor	COLE, <i>et al.</i>
Art Unit	1614
Examiner Name	To be assigned
Attorney Docket Number	VIBP-0001-UTY (prev. VIP-001)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 22,506

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

22,506

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Jagtiani + Gutttag				
Address	10363-A Democracy Lane				
Address					
City	Fairfax	State	VA	Zip	22030
Country	United States				
Telephone	703.591.2664	Fax	703.591.5907		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

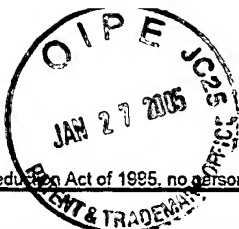
Name	Theodore J. Cole		
Signature			
Date	1/10/05	Telephone	513-563-4321

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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Address					
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Country	United States				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Michael C. Peterson		
Signature			
Date	01-07-05	Telephone	573 532-7685

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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